

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2017. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO. Licensee: Three Bears Alaska, Inc. License #: 1269 License Type: Beverage Dispensary Statute: AS 04.11.090 **Doing Business As:** Bear's Den Lounge Premises Address: Mile 1312 Alaska Hwy Local Governing Body: Unorganized Borough **Community Council:** N/A 445 N Pittman Road, Suite B Mailing Address: Wasilla AK 99623 City: State: ZIP: Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application. **Point of Contact: Business Phone: Contact Phone:** 907.357.4311 x303 Contact Email:

If "Yes", write your six-month operating period: ___

Seasonal License?



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	Section 2 – Authorization			
Communication with AMCO	staff:		Yes	No
Does any person other than staff?	a licensee named in this application have authority to discuss this license	with AMCO	\boxtimes	
	ne of the individual and the reason for this authorization: tino, outside counsel to Three Bear	5		
This section must be comple If more space is needed, ple The following information m	ection 3 – Sole Proprietor Ownership Informated by any sole proprietorship who is applying for license renewal. Entires attach a separate sheet with the required information. Sust be completed for each licensee and each affiliate (spouse). Supplicant affiliate		o to Sectio	on 4.
Name:			40.44	
Mailing Address:				
City:	State:	ZIP:		
Email:	·			
Contact Phone:				
This individual is an:	pplicant affiliate			
Name:				
Mailing Address:				
City:	State:	ZIP:		
Email:				
Contact Phone:				



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Section 4 - Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	24136D					
You must ensure that you are	e able to certify the following statemo	ent before si	gning your initials in the b	ox to the	right:	Initials
I certify that this entity is in go are also currently and accurat	ood standing with CBPL and that all cotely listed with CBPL.	urrent entity	officials and stakeholders	(listed bel	low)	Sun
limited partnership, that is apIf the applicant is a corpo	pleted by any community or entity, in oplying for renewal. If more space is ration, the following information muston, and for each president, vice-president, vice-president	needed, pleas st be complet	se attach additional comp ed for each stockholder w	leted copi	es of t	this page.
	d liability organization, the following			th membe	r with	an
	% or more, and for each manager.					
	ership, including a <u>limited partnership</u> or more, and for each general partner.		ng information must be co	mpleted f	or eac	n partner
Entity Official Name:	1 0	52			10.00 A.S. to TomoTopoor	
Title(s):	President; Director; Shareholder	Phone:	907.357.4311	% Own	ned:	9.77
Mailing Address:	445 N. Pittman Rd	2., Ste	B			
City:	Wasilla	State:	AK	ZIP:	99	623
Entity Official Name:	Kachel A. San	ford				
Title(s):	Vice Prosident; Treasurer; Asst. Secretary; Director	Phone:	907.883.4324	% Own	ed:	NA
Mailing Address:	P.O. Box 189					
City:	Tok	State:	AK	ZIP:	99	780
Entity Official Name:	Paul D. Sonne	nberg	7	PARCE 1		
Title(s):	Vice President; Director	Phone:	907.357.4311	% Own	ed:	NA
Mailing Address:	445 N. Pittman Rd	2., Ste.	B			
City:	Wasi Qa	State:	AK	ZIP:	99	623



Alaska CBPL Entity #:

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Section 4 - Entity Ownership Information

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Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

L	11765			
You must ensure that you a	re able to certify the following statem	ent before si	gning your initials in the b	ox to the right: Initials
l certify that this entity is in a	good standing with CBPL and that all cately listed with CBPL.	current entity	officials and stakeholders	(listed below)
 If the applicant is a corp. the stock in the corporate of the applicant is a limit ownership interest of 10 If the applicant is a part with an interest of 10% 	inpleted by any community or entity, in applying for renewal. If more space is coration, the following information mustion, and for each president, vice-presided liability organization, the following 10% or more, and for each manager. The entity including a limited partnership or more, and for each general partnership or more, and for each general partnership.	needed, plea st be complet ident, secreta information p, the followi	se attach additional comp ted for each stockholder w ury, and managing officer. must be completed for each	leted copies of this page. tho owns 10% or more of the member with an
Entity Official Name:	Stephen D. Mie	500		
Title(s):	Vice President; Secretary	Phone:	907.357.4311	% Owned: NA
Mailing Address:	445 N. Pittman TE	Q., St	e. 3	
City:	Wasi Cla	State:	AK	ZIP: 99623
Entity Official Name:	Three Bears In	oct.we	+ Granh 11	LC
Title(s):	Shareholder	Phone:	907.357.4311	% Owned: 72.56
Mailing Address:	445 N. Pittman	RQ., 5	Ste. B	
City:	Wasilla	State:	AK	ZIP: 98623
Entity Official Name:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:
1000				



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Section 5 – License Operation		
Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	X	X
The license was regularly operated during a specific season each year, for 8 or more hours each day.	ynou,man	
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.		
The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.		
Section 6 – Violations and Convictions		
Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?	\times	
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2016 or 2017?	CANAL DE LA CANAL	\times
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nvictions	5.
Section 7 – Alcohol Server Education		
This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional cont</u> The holders of all other license types should skip to Section 8.	ractor's	permit.
Read the line below, and then sign your initials in the box to the right of the statement:		Initials
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a part have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.		Sun

Attachment to Section 6, Page 4, Form AB-17b: 2018/2019 Renewal License Application Beverage Dispensary License 1269

Notices of Violation Issued to Licensee in the Calendar Years 2016 or 2017

Notice of Violation AB16-0628, dated December 21, 2016

(End of information on this page)



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Package Store License

Form AB-17b: 2018/2019 Renewal License Application

Section 8 – I	Written Orders			
Written orders in calendar years 2016 and 2017:			Yes	No
Did you sell alcoholic beverages in response to written orders in c	alendar years 2016 or 2	2017?	***************************************	X
Section 9 –	Certifications			
Read each line below, and then sign your initials in the box to th	e right of each stateme	ent:		Initials
l certify that all current licensees (as defined in AS 04.11.260) and	l affiliates have been lis	sted on this application	n.	Sam
I certify that in accordance with AS 04.11.450, no one other than t in the licensed business.	he licensee(s) has a dir	ect or indirect financia	linterest	Su
I certify that I have not altered the functional floor plan or reduced and I have not changed the business name or the ownership (inclu stakeholders) from what is currently on file with the Alcoholic Bev	iding officers, manager		135.0	Sun
I certify on behalf of myself or of the organized entity that I under any other form provided by AMCO is grounds for rejection or deni			The transfer of the control of the c	Sm
As an applicant for a liquor license renewal, I declare under penalt AAC 304, and that this application, including all accompanying so provide all information required by the Alcoholic Beverage Controdo so by any deadline given to me by AMCO staff will result in this	chedules and statemen I Board in support of th	ts, is true, correct, and iis application and und	complete. I agi erstand that fai	
do so by any deadline given to me by AMCO staff will result in this	6	nature of Novary Public	McChai	ten
Stephen D. Mierop	OFFICIAL SEAL NOTIFIC THE STREET SEAL NOTIFI	۸0.	ska	
S	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	commission expires: _	11/15/20	520
Subscribed and sworn to b	efore me this 24 da	y of <u>Decemb</u>	oer, 2	0 17.
License Fee: \$.00 \$ 1,500. Application Fee:	\$ 200.00	TOTAL:	\$.00 \$2,7	00.
Late Fee of \$500.00 – if received or postmarked after 01	/02/2018:		00-50ncarr	
Miscellaneous Fees:				
GRAND TOTAL (if different than TOTAL):				